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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0851-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	Ronnie Brain
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MECHANICAL NUT AND STUD REMOVAL TOOL

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

PCT/GB99/04137

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/GB/04137	Great Britain	9 Dec. 1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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Address <u>Artz &amp; Artz, P.C.</u>	
<u>28333 Telegraph Road, Suite 250</u>	
City <u>Southfield</u>	State <u>MI</u> Zip <u>48034</u>
Country <u>U.S.A.</u>	Telephone <u>(248) 223-9800</u> Fax <u>(248) 223-9522</u>
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NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Ronnie</u>	Family Name <u>Brain</u>
Place and date of birth _____	
Inventor's Signature <u>X</u> <u>R. Brain</u>	Date _____
Residence: City <u>West Yorkshire</u> <u>GBN</u> State _____	Great Britain Country _____
Mailing Address <u>Old Station House, Green Row, Methley</u>	
Mailing Address _____	
City <u>West Yorkshire</u> State _____ Zip <u>LS28 6BR</u> Country <u>Great Britain</u>	
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>David</u>	Family Name <u>Brain</u>
Place and date of birth _____	
Inventor's Signature <u>X</u> <u>D. Brain</u>	Date _____
Residence: City <u>West Yorkshire</u> <u>GBN</u> State _____	Great Britain Country _____
Mailing Address <u>14 Brook Street, Fryson Village, Castleford</u>	
Mailing Address _____	
City <u>West Yorkshire</u> State _____ Zip <u>WF10 3PL</u> Country <u>Great Britain</u>	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/GB/22A attached hereto.	

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PTO/SB/81 (10-00)

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Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Ronnie Brain, et al
Group Art Unit	
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I hereby appoint:

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☒ Practitioner(s) named below:

Name	Registration Number
John A. Artz	25,824

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I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
**SIGNATURE of Applicant or Assignee of Record**

Name	Ronnie Brain
Signature	
Date	

NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Ronnie Brain, et al
Group Art Unit	
Examiner Name	
Attorney Review Number	

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Name

David Brain

Signature

Date

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